

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034132

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 162

STATE FILE NUMBER

FILED SEP 26 1962

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY</u> Length of stay in 1b <u>D.O.A.</u>		c. CITY OR TOWN <u>GLADSTONE, MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. N.K.C. Mem. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7105 NO. PROSPECT</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>King</u> Last <u>Wilhoit</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-30-12</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POST OFFICE</u>		11. BIRTHPLACE (City and state or country) <u>HOLT, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Emmett R. Wilhoit</u>	13b. MOTHER'S MAIDEN NAME <u>DORA A. KINZER</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche E. Wilhoit</u>
---------------------------------------------	-------------------------------------------------	-------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW II</u>	17. INFORMANT Address <u>K.C. - 19 - mo.</u> <u>Blanche E. Wilhoit 7105 NO. PROSPECT</u>
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TRAUMA TO BRAIN</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>SEVERE HEAD BLOW</u>	
	DUE TO (c) <u>MOTOR VEHICLE COLLISION</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>MOTOR VEHICLE ACCIDENT</u>
------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour <u>6:40</u> P.M. <u> </u> Month, Day, Year <u>SEPT 20 '62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>	20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY, CLAY CO., MISSOURI</u>
-----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

21. I attended the deceased from _____, to _____ and last saw him alive on _____	Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

22a. SIGNATURE (Degree or title) <u>Donald T. Seneker, Acting Coroner, Dep. Sheriff</u>	22b. ADDRESS <u>Sheriff's Office, LIBERTY, Mo.</u>	22c. DATE SIGNED <u>9/21/62</u>
--------------------------------------------------------------------------------------------	-------------------------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-23-62</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>FAIRVIEW Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>KEARNEY, MO.</u>
------------------------------------------------------------	-----------------------------	--------------------------------------------------------------	----------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>D.W. Newcomers Sons - Kan. City, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-21-62</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Henderson</u>
--------------------------------------------------------------------	------------------------------------------------	----------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

Y004

26.000

3

4 0

5 1

6

7 0

8 2

9 X

10

11 150

12 92-3

13 2-0

SEP 27 1962

OCT 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.